

RADIOACTIVE MATERIALS REGISTRATION

1. Facility (Institution, Firm, Hospital, Person, etc.)

2. Department(s) that will store and/or use the radioactive material. (If more space is needed, include as Attachment #2)

3. Radiation Safety Officer (Person designated as radiation safety officer).

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4. Administrator (Person to whom fee invoices are to be sent)

NAME _____
TITLE _____
ADDRESS _____
CITY, ZIP CODE, COUNTY _____
PHONE NUMBER (____)____-_____

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5. By-Product, Source and/or Special Nuclear Material

Enter below the radioactive materials listed on your U.S. Nuclear Regulatory Commission License. If more space is needed include as Attachment #5.

SEALED SOURCES			
Isotope	Activity per source (curies)	Maximum Amount (curies) authorized under NRC License	Use

UNSEALED SOURCES

Isotope	Max. Amt. (curies) authorized under NRC license	Use
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5. Projected Release to the Environment

Isotopes (including incinerators)	Atmosphere	Sewer (list):	Other Method			
	Conc. uCi/ml	Total/year mCi	Conc. uCi/ml	Total/yr mCi	Conc. uCi/ml	Total/year mCi

INDIVIDUAL FILLING OUT THIS REGISTRATION FORM

A. Name_____B. Title_____

C. Signature_____D. Date_____